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ABSTRACT

This booklet is designed to provide drug abuse prevention ideas for the classroom junior high school teacher. The information, activities and resources address the education portion of the prevention continuum defined by the National Institute of Drug Abuse, i.e., information, education, intervention, alternatives. This guide includes research findings that have direct implications for the prevention-oriented teacher, specific prevention activities which can be incorporated into already existing curricula, and a list of resources for additional information and ideas about prevention and the role of the classroom teacher. The activities concentrate on the development of decision-making skills, goal orientation, values awareness, personal motivation, and the development of interpersonal communication skills. Time required, objectives, and methods are listed for each activity, which is appropriate for a variety of skill development levels and in many subject areas. References, curricula, and training opportunities in the resources section also span grade levels and subjects. (Author/NRB)

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Saying

Drug Abuse Prevention Ideas for the Classroom

CG 015243

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

The National Institute on Drug Abuse is pleased to present this pamphlet of drug abuse prevention ideas for seventh and eighth grade teachers. America has for several years been a drug-using society, with licit and illicit drugs available to all segments of our population, including ever-younger age groups. National data on drug abuse epidemiology indicates that the onset of drug experimentation most often accompanies the development of peer relationships and social contacts outside the home.

Ages twelve to fourteen are a crucial threshold of adolescent growth, learning, and social development. It is essential that we teach our young people ways to say no to peer pressure and give them a chance to develop healthy lifestyles free from drug use.

This pamphlet does not, cannot, present the single best strategy for drug abuse prevention. There are several strategies, all of which have demonstrated some effectiveness. But this pamphlet does present some practical tools, classroom exercises, and approaches that can reinforce a young person's chances of avoiding involvement with drugs.

William Pollin, M.D.
Director
National Institute on Drug Abuse

This pamphlet is part of a series of publications issued for the 1978 and 1979 National Drug Abuse Prevention Campaigns by the Prevention Branch, Division of Resource Development, National Institute on Drug Abuse (NIDA):

Drug Abuse Prevention for Your Family
Drug Abuse Prevention for You and Your Friends
Drug Abuse Prevention for Your Community
Drug Abuse Prevention (general audience)
La Prevencion del Abuso de Drogas
It Starts with People
A Woman's Choice: Deciding about Drugs
Saying No: Drug Abuse Prevention Ideas for the Classroom

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Preface

The drug problem has not gone away. In fact, today students are using more drugs—including alcohol and tobacco—at younger ages than ever before. Parents, human services professionals, and educators need to renew and intensify their prevention activities. This booklet is designed to give teachers, especially junior high school teachers, drug abuse prevention ideas for the classroom.

Junior high is a time when students begin to question parental authority and to explore the world on their own terms. Peer influences are especially strong. It is a time to decide whether or not to experiment with and use drugs. The information, activities and resources described in the following pages are designed to help seventh and eighth grade teachers respond to this critical decision-making time in their students' lives.

Drug abuse prevention as defined by the National Institute of Drug Abuse is a continuum of integrated activities which complement each other. Together they make up the prevention strategy. They include: *information*—data about drug abuse, drugs and their effects, the world we live in, and the meaning and function of drugs; *education*—which includes the development of decision-making skills, goal setting, values awareness, personal motivation and the development of interpersonal communication skills; *intervention*—or peer strategies of counseling, tutoring, cross-age tutoring, parenting skills, and other early intervention strategies; and *alternatives*—which run the gamut of work-oriented, recreational, intellectual, and social activities designed to fulfill physical, intellectual, emotional and spiritual needs.

Saying No only addresses the education portion of the prevention continuum. It is one way for teachers to think about drug abuse prevention in the classroom and to make their contribution to an overall effective prevention program.

Elementary and high school teachers should also find *Saying No* a practical resource, if for no other reason than to increase their awareness of the characteristics and issues which seem specific to junior high school aged students. More importantly, the activities, which start on Page 6, are flexible so they can be applied to a variety of skill development levels and in a variety of subject areas. The resources section, page 16, suggests references, curricula, and training opportunities which also span grade levels and subjects.

We hope that teachers will use the information and ideas which follow as a beginning point for continued involvement with prevention, involvement which truly can make a difference in the lives of their students.

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1
The Problem That Won't Go Away

It is 4:20 on a Tuesday afternoon. You've had a hectic frustrating day filled with broken film projectors, kids late for class, poor student performance on a major assignment, breaking up a fight between two of your favorite students at lunch, and an unproductive parent conference after school.

In the stack of papers waiting for you is a memorandum from the District Office announcing a new policy on drug abuse education which will require you to "address on a regular basis information and issues related to student use and abuse of drugs." In spite of all the times you've expressed concern about student drug use and wondered about what you could do to prevent kids from getting started on drugs, all you can think of at this particular moment is, "They're crazy! I've got kids in my classes who are four grades below reading level, kids who are struggling to keep up with the simplest of assignments—and now they expect me to take on something new, something I know nothing about! I don't believe it.

"Why don't they ever talk to us before they hand down these policies that are impossible to meet?"

It is very tempting for those of us who work with junior high school students to claim that we do not have the time for drug education. We also like to say that "our kids don't seem to be involved with drugs" and therefore we don't have to worry about drug abuse prevention. Unfortunately, recent research suggests the opposite.

National studies indicate that junior high is the time when many students will make a decision about whether or not to use drugs for the first time. In 1977, the Institute for Social Research at the University of Michigan surveyed over 18,000 high school seniors across the country. Researchers found that of those who had ever used drugs, seventh and eighth grade was the time when 10 percent tried marijuana and 21 percent used alcohol for the first time. Regardless of what we would like to believe, we know that junior high students begin to experiment with drugs and thus become a necessary target for drug abuse prevention.

In spite of community pressures to concentrate on basic skills, there is an excellent chance that as a junior high teacher, you will be asked, or will choose, to do something in your classroom about "the drug problem." This booklet will assist you with that responsibility. It is based upon the following:

- Teachers do not need to become "experts" on drugs to do effective drug abuse prevention in the classroom.
- An effective strategy for drug abuse prevention at the junior high level is to help students to understand and say "no" to pressures from their peers.
- Teachers can effectively implement the strategy of *Saying No* within the framework of established curriculum areas.

We will not tell you how to identify a student who is under the influence of a drug or explain the latest drug culture terminology. That has not proved to be an effective or constructive approach. Instead, we will share some research findings that have direct implications for the prevention-oriented teacher, several specific prevention activities which can be incorporated into already existing curricula, and a list of resources which should provide you with additional information and ideas about prevention and your role as a classroom teacher.

2
"Just Wait Till You Get These Kids!"

The first week of 7th grade. Those shining, slightly terrified faces struggling to remember whether English comes before or after science; missing the bus, being tardy, and being the first to come into class late with a pink slip from the office; wondering how to shower in gym without letting anyone see you without your clothes.

Probably for most of us, regardless of our age, junior high represents a set of common growing up experiences. As pre-adolescents we begin the awesome task of defining our individual identities as we balance the shifting influences of parents and peer group, knowing that we are no longer children but yet not confident enough to be comfortable with the term "teenager." Preoccupied with whatever aspect of puberty we momentarily experience, we face countless first time situations where we must make decisions, hoping desperately not to become the target for the zinging put-downs of the peers we are trying so hard to impress.

But for all of the similarities of junior high school experiences, it is painfully clear at times that today's 12 to 14 year-olds are different than we were, very different, in fact, from the junior high students of five years ago. The social and political climate of the 1970s has shaped the reality and the mind set of the junior high students of 1980. As educators, we need to think through carefully the factors which have already influenced these students if we are to effectively address their needs for drug abuse prevention.

- Today's seventh and eighth grade students have grown up during the 1970s when Watergate, the financial default of New York City, and court ordered busing conflicts have made it clear that government and schools—once accepted symbols of American values—no longer merit automatic trust or respect.

- Only about one-third of America's families currently consist of children living with both natural parents in one household. (Kinzer, 1978)

- By the time a person has finished high school, s/he has devoted 11,000 hours to school and 15,000 hours to television. (National PTA research, 1978). And

one out of every six commercials on prime time television advertises some form of drug or chemical. (Schaps, 1976)

- National drug related arrests for 11 and 12 year-olds numbered 1,625; for the 13 and 14 age group, 16,668 cases involved drugs. (1977 Unified Crime Report, FBI)

- Junior high school students cite the following reasons for student involvement with drugs; curiosity, need for acceptance, to please a boyfriend or girlfriend, overly protective or overly harsh parents, too much pressure—usually from home, everyone's doing it, anger and hostility, need to feel "cool" and older, to get back at parents, for fun, giving in to real or imagined pressure. (Anacapa Junior High, Ventura, California, 1979)

It's no wonder that junior high is a confusing and often frightening experience. Increased exposure to many new students and decreased structure at school create opportunities for the testing and experimentation necessary for normal personal development. However, at the same time, today's students are able to experiment with a variety of high risk behaviors—such as the use of drugs. Conversations with 11 and 12 year olds tell us that those first time experimentation situations—while exciting—are often very scary.

As they test themselves in their environment, students frequently want and need a safety mechanism to keep themselves from going too far too fast. Kids want a way to say "no" without losing their "cool" in front of their friends. Unfortunately, saying "no" is no easy task in a world where conformity is the rule and often the ticket to popularity—the greatest prize of all.

3

The Strategy of Saying No

Recent research from the University of Houston has provided us with some encouraging evidence that helping 12 to 14 year-old students to say "no" to pressure is an effective strategy in the prevention of cigarette smoking. After receiving information on the immediate physiological effects of smoking, 750 seventh and eighth grade students viewed video tapes which talked about how the media, peers, and even parents influence students to smoke. Follow-up discussion and classroom activities encouraged students to think carefully about their decisions to smoke or not to smoke. Posters reminded students that it was okay to say "no" to the pressures that influence smoking decisions.

Evaluation of this program indicates that participants were 50 percent more likely to refrain from smoking than students who did not participate. Researchers claim that this prevention strategy serves as an important "inoculation" against smoking. (Evans, 1978). These findings have been replicated at the University of Minnesota. There student-mediated group activities that demonstrated ways to say no proved substantially more effective in preventing smoking behavior than traditional information programs. The key, according to Dr. C. Anderson Johnson, is letting kids say no "for their own reasons, rather than ours."

Professionals in the field of prevention and the National Institute on Drug Abuse (NIDA) believe that this strategy of *Saying No* is effective for more than just the prevention of cigarette smoking. Dr. Johnson agrees that this strategy can be effective for other adolescent behaviors. However, he notes that for the strategy to be effective for drug and alcohol programs more care must be taken with the kind of drug information that is used. One advantage of the *Saying No* strategy is that it does not depend on drug information to be effective. In the next few pages, we will suggest a variety of classroom activities which junior high teachers can use to help their students say "no" to the pressures which influence them to experiment with drugs. These activities are built on the Houston and Minnesota demonstration programs. The suggested activities are designed to fit into already established curriculum areas and should work to accomplish both prevention and subject area goals.

Use of the strategy of *Saying No* is a way in which junior high school teachers can substantially contribute to the prevention of student drug use and abuse. It does not require specific knowledge about drugs. Instead, it relies on the willingness of a teacher to be sensitive to the "teachable moments" of any subject area, moments which provide opportunities for students to develop the confidence and skill necessary for them to make satisfying and constructive personal decisions.

Activities

Art — POSTER ASSIGNMENT OR CONTEST

Time Required: Three days to two weeks

Objective: To develop students' visual composition and drawing skills; to increase students' awareness of the ways in which a message can be communicated through art work.

Method: In a unit which relates to advertising or the use of art as a persuasive medium, ask students to describe a variety of experiences in which they have done something because of pressure from their friends. Suggest that clothing styles, vocabulary expressions, and attitudes about certain subjects are all examples of things which can be influenced by friends. Using the theme of "Be Yourself" or "It's Okay to Say No," ask students to develop posters which would encourage their peers to become more aware of the way in which peer pressure influences behavior. Posters, when finished, can be displayed around school or in the community. Prizes and publicity for particularly effective posters might create additional enthusiasm for this activity.

Art — *JUNIOR HIGH IS . . .* —AN ORIENTATION BOOKLET

Time Required: Two weeks

Objective: To develop students' abilities to communicate a message through art; to increase students' awareness of how one part of a design relates to the purpose of the whole.

Method: Bring to class two or three examples of books which describe a particular concept primarily through drawings. (Charles Schultz' *Happiness is Walking Hand in Hand* is a good example). Explain to your students that they have an opportunity to help with the orientation of next year's seventh grade students by developing a booklet which will be duplicated and distributed to students who are currently in sixth grade. The purpose of this booklet should be to help the new students understand what junior high is *really* like. As a class, list situations which reflect the realities of junior high, such as forgetting your locker combination; being late to class, trying to make friends in a new social group; working hard on homework; deciding whether or not to smoke, drink, or make-out at a party. As individuals or in small groups, ask students to design and create a picture and tag line which would effectively describe to incoming students what situations await them. Drawings might also suggest positive ways for new students to handle those situations. As the pages develop, allow time for the class to discuss the issues involved, especially those which relate to how students make decisions about their behavior.

THE IMPACT OF "PUT-DOWNS" ON PARTICIPATION — Phys. Ed.

Time Required: One to three days

Objective: To increase student awareness of "put-downs" on students' participation in sports activities.

Method: After at least two weeks of team sports activities, ask students to individually write down one "put-down" they have heard sometime during the team sports activities. Explain to the students that these put-downs will be read out loud to the rest of the class. Collect the "put-downs," and one at a time, let students draw one from the pile, read it to the class, and describe how they would feel if someone had said such a statement to them. Time permitting, role play PE situations in which "put-downs" are likely to occur; role play ways in which the situations could be handled without the use of a "put-down." Ask students to think of ways in which "put-downs" pressure a person—especially in a team sports setting. Explain the concept of self-image to students, perhaps by telling the IALAC (I Am Lovable And Capable—Sid Simon) or Claude Steiner's Warm Fuzzy Story. Ask students to draw a relationship between the strength of a person's self-image and his/her willingness to participate in sports activities. Ask students to individually write down positive statements which would encourage rather than discourage them from playing with others in the class. Collect these statements; without comment, read them out loud to the class. Save the positive statements. When appropriate or necessary, suggest that students choose a positive statement rather than a "put-down" as a way of communicating to someone else in class.

LIFESTYLE & LEISURE ACTIVITY — Phys. Ed.

Time Required: One to three days

Objective: To encourage students to see how a peer group can influence the choices a person makes regarding leisure activity and lifestyle.

Method: During a discussion of lifetime sports, ask students to list several easily identifiable groups of people—drawing from both student cliques on campus to adult groups or circles within the community. Ask students to predict the types of leisure sports or activities preferred by each group. Through role playing, short written assignments, large or small group discussions, allow students to consider the pressure that can come when "everyone" does the same thing; identify ways in which group expectations can limit choices for individual behavior. Ask students to share experiences they have had when they have either unwillingly lived up to a group's expectations or did the opposite of what a group expected.

Health

THE LINE ACTIVITY

Time Required: One day

Objective: To provide students with an in-class demonstration of the power of peer pressure; to lay groundwork for future discussions on student behavior and health issues such as nutrition, drugs and alcohol, V.D., contraception.

Method: Ask one reasonably confident student to stand outside the door for a few minutes. Explain to the class that the purpose of this activity will be to try to convince the person outside of something that is not true. Draw two parallel lines on the chalk board, making sure that one is slightly—but noticeably—longer than the other. Designate seven or eight students to use whatever reasonable tactics they can think of to persuade the person outside that the lines are the same length. (Depending on your class, you might want to set some limits on "reasonable tactics.") Pick 3 or 4 members of the class to observe what happens when the person comes in and the persuading begins. Ask the person outside to come in; explain that while s/he was out of the room, the class began discussing the length of the two lines drawn on the board; ask the student to compare the lines in terms of length. Once the student announces that one line is longer, let the persuaders begin. Allow the activity to last no longer than five minutes, taking care that the student who is the object of the pressure does not feel overly put-down or threatened by the pressure from his/her peers. Call the pressure off at an appropriate point; ask the observers to report on what they saw; allow the student being pressured to share his/her feelings about the pressure; let those who were doing the pressuring tell how they felt about their role.

Ask the class to think of ways in which this activity represents situations which go on at school. With the class, develop a definition of peer pressure and discuss how it can influence a person's decisions regarding such health issues as drugs, sexuality, nutrition, and exercise. As a follow-up, allow five minutes of class time each day for two weeks for students to report incidents they have seen or experienced at school involving peer pressure. At the end of two weeks, review the list by asking students to share their ideas about ways to deal effectively with peer pressure. Make a list of these ideas and post it in the classroom.

HISTORICAL FIGURES — Social Studies

Time Required: Two days to two weeks

Objective: To increase student awareness of the personal, social, and historical factors relating to the lives and work of people influential in the development of the United States and other countries.

Method: Whenever appropriate to the curriculum, highlight the lives of individuals whose achievements influenced history and technology in spite of pressure from their family, friends, or community to abandon their work. Examples of both men and women from various ethnic backgrounds include: Father Junipero Serra, Cesar Chavez, Susan B. Anthony, Harriet Tubman, Jane Addams, Chief Joseph of the Nez Perce, Crazy Horse, Lewis and Clark, Fulton, the Sons of Liberty, and Columbus. Ask students to present skits, oral reports, or panel presentations to the class which emphasize the importance of the person's ability to persevere with his/her work, regardless of the pressure to stop. Ask students to share orally, through art work, or in a written assignment ways in which they face pressures similar to those encountered by the historical figures.

POLITICAL ELECTIONS & THE USE OF ADVERTISING — Social Studies

Time Required: Three days to one month

Objective: To examine the role of mass media (TV, radio, and print) as a means to influencing the voting behavior of individuals.

Method: During local or state-wide elections, ask students to collect samples of campaign literature and descriptions of TV and radio spots. Examine each in terms of the technique used to pressure the voter and its effectiveness in doing so. Invite a local advertising person to talk to the class about advertising techniques. As a class, design and conduct a campaign to influence students at school to make some kind of change in their behavior (perhaps encouraging students to say "no" to peer pressure). Contact local TV and radio stations and request special broadcasts of the "kid" spots of the 1979 National Drug Abuse Prevention Campaign; if possible, record these spots on videotape, using them in class as a source of ideas for the students' campaign at school. Ask students to compare their campaign to the political campaigns (and the Drug Abuse Prevention Campaign) they have observed, assessing the effectiveness of each. Allow time for students to determine whether or not their campaign influenced their own behavior in any way.

Language Arts — CHARACTERIZATION THROUGH ROLE PLAY

Time Required: One to three days

Objective: To increase students' awareness of characterization and plot.

Method: When a particular reading assignment deals with some type of decision-making situation and characters who are trying to influence one another, ask students to role play particular scenes which focus on both the pressure and the decisions. Encourage students to play out a variety of endings to each scene. Discuss the impact of these alternate endings on the plot and theme of the story. As a follow-up, ask students to share their experiences of making a decision under pressure in a short writing assignment.

Language Arts — WRITING ASSIGNMENTS ON THE THEME OF SAYING NO

Time Required: Three days to two weeks

Objective: To improve student writing and vocabulary skills

Method: Brainstorm with your class a list of the pressures students face as they make decisions about their behavior. As appropriate and necessary, define terms such as "peer," "pressure," "influence," "alternatives," "consequences" and discuss the meanings of related feelings such as frustration, confusion, irritation, anxiety, relief, and satisfaction. In the classroom, post both the list of pressures and the definitions of related terms and feelings. Encourage students to write in a personal journal (five minutes of class time per day for two weeks) about the decisions they make and the factors which influence their choices. Suggest that students use the posted lists as a source of ideas and assistance in their journal writing. Individually, or in small groups, ask students to write free style poems, songs, skits or prose which focus on the feelings they experience when they say "no" to a friend. Encourage students to share and discuss their work with their small group or the class as a whole. Keep a class record of the pressures and feelings students mention most in their writings and compare that list with the original lists developed by the class.

THE DYNAMICS OF DISCOVERY — Science

Time Required: Three days to two weeks

Objective: To provide an opportunity for students to examine the historical, scientific, and personal factors which influenced those who have made important scientific contributions.

Method: On an individual or small group basis, ask students to research the work and lives of people such as Mendel, Darwin, Kepler, Copernicus, Galileo, and Mendeleev. Specifically ask students to identify the way in which the work and theories of each ran contrary to popular scientific and/or social opinion. Discuss the personal frustrations of each scientist with reference to Maslow's hierarchy of human needs (Physical, Safety, Love, Self-Worth, and Self-Fulfillment). Ask the students to identify ways in which they must deal with feelings similar to those of the scientists they have studied.

CURRENT UNKNOWNS — Science

Time Required: One to two weeks

Objective: To develop student skills at building an hypothesis and designing a plan for scientific study; to create increased awareness of the political nature of current scientific issues.

Method: In small groups or on an individual basis, ask students to select one of the following research topics: the nature and origin of the universe; effects of pesticides and herbicides; effects of nuclear power; global effects of population growth; cloning and genetic research; strip mining; energy consumption; and undersea oil exploration. Allow students time to gather data, develop an hypothesis, and design a research plan which would test the hypothesis. Ask students to identify both the arguments which would be made against their hypothesis and the groups which would make them. Allow time in class for each individual or small group to present this material and for the class to discuss ways in which the student hypothesis could be defended in light of the attack from outside groups. Ask students to compare their imagined defense of their hypotheses with the experiences of famous scientists in the past.

Math

STUDENT SURVEY

Time Required: Two weeks

Objective: To teach and/or reinforce student skills relating to data collection, organization, and display.

Method: Introduce this activity by asking students to share their knowledge of what a survey is and does. Provide examples of survey questions and results (perhaps summaries of recent Gallup or Harris polls). With students, brainstorm a list of possible topics for a survey of student behavior or attitudes. As a group, select an appropriate topic. (Ideally, it will relate in some way to peer or media pressure and students' decisions about their behavior). Depending on the writing ability of your students, develop a questionnaire as a class, in a committee, or by yourself with student suggestions for topics to be covered by the questions. With the class, discuss and decide on sampling, data collection, and data analysis techniques — making sure that each student is involved in as many phases of the survey as possible. Once the data has been collected, organized into tables, charts, or graphs, ask students to interpret the meaning of their findings. These interpretations can be shared with other students through Student Council, the student newspaper, or a special report from your math class to the rest of the student body and the faculty. Whenever appropriate, allow time for students to share their opinions, ideas, and experiences relating to the issues pertinent to the survey.

Math

RANK ORDERING OPTIONS FOR DECISIONS

Time Required: One to two days

Objective: To develop students' awareness of rank ordering techniques, to encourage increased computational skills.

Method: Explain the concept and use of rank ordering technique to your students. On paper, describe five decision-making situations relevant to your students and the pressures they face. Outline four to seven options for behavior in each situation. Examples might be:

A. What would you do if one day your best friend refused to talk with you?

____ refuse to talk to him/her?
____ ask him/her what was wrong?
____ talk to a friend who knows you both?
____ talk to your parents?
____ get mad and start an argument with your friend?

B. What would you do if all your friends started to smoke and kept pushing you to do the same?

____ try one and stop there?
____ start smoking?
____ say no but still hang around with them?
____ stay away from them?
____ talk to your parents about the situation?
____ tell them you snort coke instead?

Give each of your students a copy of the situations, asking them to individually rank order the options, according to what they would do in each case. Form small groups (5 or 6 per group) and provide time for students to discuss their rank orders, sharing the reasons for their choices. Ask each group to determine a group rank order. Bring the class together as one group, so that each small group may report its group rank order to the class. Compare the small group rank orders, and if time permits, develop a total class rank order. Ask students to share their reactions to the situations and the task of making decisions about the options.

4

Making It Work

The items mentioned below are not intended to represent any new set of teaching principles. To many, they are familiar concepts which are applied daily in a variety of classroom situations. We present them here as reminders—factors which we believe will increase the chances for successful use of the *Saying No* activities in junior high classrooms.

Listening

Attentively listening to your students and paraphrasing their statements will encourage their participation in activities and demonstrate your respect for them and their ideas. Listening will help to eliminate both verbal and non-verbal "put-downs" and will provide an excellent example for your students to model.

Feelings

By acknowledging your students' feelings and remembering that feelings are neither "right" nor "wrong" you will encourage students to think about how their feelings influence their decisions and their behavior.

Explanation of Activities

If you explain both the purpose of and the steps involved in each activity beforehand, students will feel more comfortable as participants. This is especially true when the activity asks them to share past experiences or feelings with their peers.

Saying "I don't know"

If questions about drugs come up, and you are not sure how to respond, treat the question or statement just like you would if it were on any other subject that you don't know much about. A sincere "I don't know, but I'll try to find out" demonstrates that just as students sometimes don't know, neither do you. It shows, however, that you have the ability and interest to find answers to such questions. The resources listed on page 16 will help you to increase your knowledge about drugs.

Options and Decision Making

It is difficult for many junior high students to recognize the variety of options which exist in most of their decision-making situations—especially when many of their peers see only one choice. By structuring activities which require students to make decisions by choosing from several options, their ability to identify options for themselves in other situations will increase. Participation in decision making is also an effective way to increase students' involvement in a particular project or assignment.

Teacher Skills and Expectations

The activities which are suggested as ways to help students learn to say "no" to peer and media pressure purposely create opportunities for students to talk with one another, question ideas and values, share feelings, and make decisions. As such, they generate much energy and involvement and work to build students' self-esteem. At the same time, however, they can often produce substantial noise and confusion which can result in a teacher deciding that the activities are simply not worth the hassle. A teacher's ability to lead open-ended discussions, listen attentively to students, and allow for a variety of opinions will greatly influence the degree to which these activities will run smoothly. The resources on teacher-student interaction and group process listed on page 17 will assist teachers who are not accustomed to working with such techniques.

Patience

Just as with many other aspects of teaching, the effective use of the strategy of *Saying No* takes patience and persistence. Increases in students' self-esteem, self-awareness, and decision-making skills are often slow in coming and hard to see. Conscious application of the ideas and teaching principles suggested here will help students to become more sure of themselves and their decisions. This, we believe, will positively influence students' ability to effectively respond to the peer and media pressure which can encourage the use of drugs.

5

Making The Difference

Nobody says that teaching junior high is easy. And on the days when everything goes wrong, it's hard to think of teaching seventh and eighth graders as anything but frustrating—teaching kids whose energy and emotions could tax the commitment, idealism, and skill of a thousand fine teachers. Yet you're in there alone with that sixth period class—29 kids filled with the painful vulnerability of individuals stretching, testing themselves and their daydreams against an unexplored world of ideas, behavior, relationships, and expectations. The power of their potential is awesome to consider. But no more awesome, or worthy of respect, than the creativity, patience and commitment of the junior high teacher who serves as a catalyst for their growth.

Teachers can and do make a positive difference in the lives of their students. Now, perhaps more than ever, we need to be conscious of our power to play such a part. Making the difference is what the magic of teaching—and prevention—is all about.

6

Where to Find Help and More Information

The resources listed below should help you get started if you want to learn more about prevention, drugs (including alcohol), drug abuse education curricula, and teacher-student interaction.

GENERAL PREVENTION RESOURCES

If you are interested in information about drugs, prevention programs in your state, or theory and research related to prevention, call or write the following:

Single State Agencies for Drug Abuse Prevention (SSAs) Each state has a single agency for the various drug abuse prevention, treatment, and rehabilitation programs within the state. These SSAs are a good place to contact first if you want to find out about programs and services close to your home. They are listed on page 21.

The Prevention Branch of the National Institute on Drug Abuse (NIDA) is the focus for all prevention programs and activities within NIDA. Their address is: Prevention Branch, Div. of Resource Development, National Institute of Drug Abuse, Room 10A-30, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857.

PYRAMID. An information sharing and technical assistance support system funded by the National Institute on Drug Abuse. Address: 39 Quail Court, Suite 201, Walnut Creek, California 94596. (800) 277-0438 (outside California) or (415) 939-6666 (inside California).

The National Clearinghouse for Drug Abuse Information, operated by the National Institute on Drug Abuse, provides the latest information on drugs, prevention, and treatment free to anyone requesting it. Contact: National Clearinghouse for Drug Abuse Information, Room 10A-56, 5600 Fishers Lane, Rockville, Maryland 20857 (301) 443-6500.

National Clearinghouse for Alcohol Information. Address: 9119 Gaither Road, Gaithersburg, Maryland 20760.

Office of Education. Regional Drug Abuse Training Centers. Department of Health, Education and Welfare, Washington, D.C. 20202

The Prevention Resource Bulletin, a newsletter published by the National Institute on Drug Abuse that contains up-to-date information on new prevention programs, strategies, and developments in the field. Available from: 4608 North Park Avenue, Chevy Chase, Maryland 20015

DRUG ABUSE EDUCATION CURRICULA

The most effective drug abuse education curricula combine accurate information about drugs with activities and teaching strategies which encourage students to increase their self-esteem, self-awareness, decision making and communications skills.

Included below are examples of such curricula for K-12. Just as with the ***Saying No*** activities described in preceding pages, some of the listings for curricula concentrate on the effective development of students and do not directly address the topic of drugs. When working with such affective curricula, the teacher has the opportunity to relate a variety of issues concerning students, (drugs, sexuality, violations of the law, dropping out of school, etc.) to the framework of the curriculum in use.

Dimensions of Personality (K-8). Cebco Standard Publishing, Cebco Pfluam, c/o Kulick Road, Fairfield, New Jersey 07006

Life Skills for Mental Health (K-8). Georgia Dept. of Human Resources, 618 Ponce De Leon Avenue, N.E., Atlanta, Georgia 30308

Dealing with Causes of Behavior (K-8). Lakewood City Public School System, 1470 Warren Road, Lakewood, Ohio 44107

If Drugs are the Answer What are the Questions? (K-12). Educational Service District #110, 1410 S. 200th Street, Seattle, Washington 98148

This Side Up (12-14). Superintendent of Documents, US Government Printing Office, Washington, D.C. Single copies available free from the National Clearinghouse for Drug Abuse Information, PO Box 1635, Rockville, Maryland 20850.

Deciding (7-9). College Board Publications Order, PO Box 2815, Princeton, N.J. 08540, (609) 921-9000 Ext. 4241.

Ombudsman: A Classroom Community (7-12). Charlotte Drug Education Center, Inc., 1416 Morehead Street, Suite 201, Charlotte, North Carolina 28204

The New Model Me (7-12). Order Dept., Educational Research Council of America, Rockefeller Building, Cleveland, Ohio 44113

TEACHER-STUDENT INTERACTION

Probably the best way for you to increase the quality of your interaction with students is to participate in a workshop or enroll in a course which specifically addresses communications and group process skills. In the event that such training opportunities do not exist, there are several excellent books which can assist teachers in the development of those same skills. Below are listed training centers and books which should prove useful:

Training Centers

Local Federally funded teacher resource centers. Contact your county superintendent of schools office or write to: Teacher Centers Program, Dept of Health, Education and Welfare, Office of Education, Washington, D.C. 20202

Local college or university extension/continuing education programs connected with their Schools of Education.

State Departments of Education, Office of Staff Development, and ESEA Title IV-C office.

National Humanistic Education Center, 110 Spring Street, Saratoga Springs, New York 12866

Philadelphia Humanistic Education Center, 8504 Germantown Ave., Philadelphia, Pa. 19118, (215) 248-0236

Confluent Education Department and Research Center (CEDARC), PO Box 30128, Santa Barbara, California 93102, (805) 687-9509

Effectiveness Training, Inc., 531 Stevens Avenue, Solana Beach, California 92075 (Teacher Effectiveness Training), (714) 481-8121

These centers also serve as excellent resources for education resource materials.

Books

Teacher Effectiveness Training by Dr. Thomas Gordon, Peter H. Wyden Publisher, 1975.

Basic Teaching Behaviors by Arthur L. Costa, Search Models Unlimited, 33 Alderney Road, San Anselmo, California, 1979.

100 Ways to Enhance Self Concept in the Classroom by J. Canfield and H.C. Wells, Prentis Hall, Inc., 1976.

Schools Without Failure by William Glasser, Harper and Row, 1969.

Values Clarification: A Handbook of Practical Strategies for Teachers and Students by Sidney Simon and Howard Kirschenbaum, Hart Publishing Co., 1972.

Growing Up Alive by Warren Timmerman and Jim Ballard, Mandala Publishers.

Clarifying Values Through Subject Matter by Harmin, Kirschenbaum and Simon, Winston Press, Inc., Minneapolis.

SAYING NO STRATEGY REFERENCES

Kinzer, Nora Scott. *Stress and the American Woman*. New York: Anchor Press/Doubleday, 1970, p. 11.

Schaps, Eric; Cohen, Allan Y.; Resnik, Henry A. *Balancing Head and Heart: Sensibile Ideas for the Prevention of Drug and Alcohol Abuse. Book 1: Prevention in Perspective*. California: Prevention Materials Institute Press, 1975, p. 11.

Evans, Rozelle, Mittlemark, Hansen, Blane, and Havis. "Deterring the Onset of Smoking in Children: Knowledge of Immediate Physiological Effects and Coping with Peer Pressure, Media Pressure, and Parent Modeling," *Journal of Applied Psychology* 8(2), 1978: 126-135. Richard I. Evans, PhD., Univ. of Houston, Dept. of Psychology, Houston, Tx. 77004.

"Peer Influence and Commitment for Prevention of Cigarette Smoking in Seventh Grade Students." Dr. C. Anderson Johnson, University of Minnesota, 128 Pleasant St., S.E., Appleby Hall, Minneapolis, Minn. 55455.

7

Some General Information on Drugs and Their Effects

WHAT IS A DRUG?

A drug is "any chemical substance that brings about physical, emotional, or mental changes in people." Alcohol, tobacco, and even caffeine (in coffee, tea, cocoa, and cola drinks) are drugs. However, the term "drug" is more typically used to refer to marijuana, amphetamines, barbiturates, tranquilizers, narcotics, cocaine, phencyclidine (PCP), volatile chemicals (glue and other inhalants), LSD, and heroin.

WHAT IS DRUG ABUSE?

Drug abuse is the use of a chemical substance, legal or illegal, which causes physical, mental, emotional or social harm to a person or to people close to him or her.

There are different kinds of drug users:

- Experimenters who may try one or two drugs a few times out of curiosity about their effects.
- Recreational users use drugs to "get high" with friends on special occasions or at parties.
- Regular users use drugs constantly to achieve or maintain a desired state, but continue to attempt normal activity (work, school, housework, etc.)
- Dependent users can't relate to anything but drug seeking and drug taking. They experience mental or physical discomfort when they need drugs and will do anything to obtain them.

ARE ALL DRUGS HARMFUL?

All drugs can be harmful. The effect of any drug depends on a lot of things, including how much is taken and how often, the way it is taken (smoking, taking pills, etc.), whether other drugs are taken at the same time, the user's personality, and the setting (the place).

DO PEOPLE OFTEN TAKE MORE THAN ONE DRUG?

Yes. Multiple drug use is very common and very dangerous. People who use one kind of drug are more likely to use other kinds of drugs too, whether by taking various drugs one after another or at the same time. Greater risks exist when a combination of drugs or a mixture of unknown pills is taken. A good example of multiple drug use is the use of alcohol and sleeping pills taken together, which can lead to respiratory failure and coma or death.

HOW CAN YOU TELL IF ANY OF YOUR STUDENTS ARE USING DRUGS?

Drug use is often hard to pinpoint, especially in the early stages. One way to find out is to simply ask, especially when there are significant changes in behavior. This is often a sign that something is wrong. That something may not be drug abuse, but your concern and openness can make the difference.

Of course, many of the drugs have some effects in common or have different effects at different times. Dependence occurs when people like drugs or feel they need drugs so much that they can't do without them. Only a few kinds of drugs, like narcotics, can cause *physical* dependence or addiction. But almost any drug, when used regularly can cause *psychological* dependence.

The most commonly used drugs among adolescents and school age children are tobacco, alcohol and marijuana. Following is a brief discussion of these drugs and their effects:

TOBACCO

Nicotine (the active ingredient in tobacco) acts as a stimulant to the heart and nervous system. When a cigarette smoker inhales tobacco smoke into the lungs, the heart beats faster and blood pressure rises.

Smoking is the nation's most widespread, costly, and physically dangerous addiction. Approximately one-third of our population uses nicotine. Long term use leads to physical illnesses like lung and heart disease and cancer.

ALCOHOL

Ethyl alcohol is the active ingredient in wine, beer, and liquors. In small doses, it has a calming effect, like all depressants. An occasional drink is usually not harmful and may in fact have some good effects. Taken in large quantities over long periods of time, alcohol damages the liver, brain and heart. Repeated use of alcohol can cause permanent brain damage and impaired memory, judgment and learning.

Alcoholism has long been recognized as a major problem in our country. The National Clearinghouse on Alcohol Information has free information about the misuse and abuse of alcohol for anyone who asks for it: National Clearinghouse on Alcohol Information, Box 2345, Rockville, Maryland 20852.

MARIJUANA AND HASHISH

The use of marijuana and hashish has increased greatly among Americans during the last decade. There is still a great deal not known about this drug, but scientists are learning more about its effects. Marijuana ("pot," "grass," and "weed"), hashish, and hashish oil come from a plant called *Cannabis sativa*. The dried, chopped-up leaves are called marijuana. The dark brown resin from the tops of the plant is hashish. "Hash oil" is distilled from hashish.

All the parts of the Cannabis plant get their effects primarily from a drug called delta-9-tetra-hydrocannabinol, THC for short. Smoking or eating THC brings most of the "high." Even though it is an illegal drug, marijuana use generally continues to increase among young people. It has been estimated that 45 million Americans have tried marijuana.

Is Marijuana Safe?

There is still much to be learned about the long range effects of marijuana. There is good evidence, however, that marijuana can be harmful. Tests have shown that using marijuana impairs the ability to drive or perform other complex tasks.

Long term use is still being studied. Among the major areas of study are: harm to the body's natural defense system; basic alterations in cell metabolism; possible reduction in the male hormone testosterone and in growth hormone levels; and reduction of motivation and constructive energy.

There is reason enough to be concerned about marijuana use in all age groups, but the National Institute on Drug Abuse is especially concerned about its effect on young people.

Younger persons are still developing their personalities and might be more sensitive to the long-range emotional effects of marijuana.

THE STIMULANTS

These are the "uppers" that stimulate the central nervous system. They make people more active, alert, and nervous. They usually relieve drowsiness and disguise the effects of fatigue and exhaustion. The stronger stimulants sometimes produce a temporary "euphoria" (high mood). Using stimulants regularly makes some people irritable and overactive. People who use stimulants over a long period of time and then stop go through a "withdrawal" and may feel anxious, depressed, or get headaches or other symptoms.

Caffeine

Caffeine is the most popular stimulant. It is the active chemical found in coffee, tea, and cola drinks, often drunk to keep awake or stay alert. Caffeine is also the main ingredient in some pills you can buy over-the-

counter in drug stores. Many people will develop symptoms of "withdrawal" when they stop using caffeine.

Amphetamines

Not only illegal drugs are abused. One of America's biggest drug problems involves the misuse of pills that doctors prescribe. Some of these pills, called amphetamines (diet pills and pep pills like Dexedrine and Benzedrine), get into the black market or are stolen from the family medicine cabinet.

Use of amphetamines, especially when taken without a doctor's supervision, can lead to the yo-yo effect of "speed"—high one hour and down the next. Amphetamines can make people psychologically dependent and probably cause physical and mental damage when used for a long period of time.

Cocaine

Cocaine ("coke" or "snow"), usually seen in the form of a white powder, comes from the coca bush found in some tropical climates. An illegal drug, cocaine is often smuggled into the United States from South America.

Cocaine is not technically addictive, but it can become a habit. Continued use of cocaine can result in severe irritation of membranes in the nostrils, throat, and sinuses. When taken in large doses for a long period of time, cocaine causes sleeplessness, anxiety, and (sometimes) delusions.

Because of its rapid action and powerful stimulant "high," cocaine can easily be abused. Because cocaine is very expensive, most users can't afford to use it in a way that would produce severe dependency. Even so, cocaine use has been increasing in our country. The National Institute on Drug Abuse estimates that eight million Americans have tried it at least once and that one million Americans are current users.

THE DEPRESSANTS

These are the "downers." They depress the central nervous system, make people sleepy, and are dangerous when used in large quantities. There are many drugs in this category, including sedatives (tranquilizers like Valium, Librium, Miltown, and Butisol) and hypnotics (sleeping pills like Nembutal, Seconal, Dalmane, and Placidyl).

Barbiturates

Barbiturates (Amytal, Butisol, Nembutal, Seconal) are pills prescribed by doctors for a few medical conditions. Twice as many people die from overdoses of barbiturates as from overdoses of heroin. Barbiturates, (sometimes called "barbs," "downs," or "reds") cause mental confusion, dizziness, and loss of memory. People sometimes get so confused from barbiturates that they forget how many pills they've taken. Often this confusion can result in overdose.

Barbiturates are addictive. In fact, people dependent on barbs have to be very careful coming off them. Sudden withdrawal can cause a medical emergency—fear, restlessness, convulsions, even death. To stop taking barbiturates after using them heavily, it is vitally important to consult a physician first.

Barbiturates and alcohol make each other more powerful when taken together. Mixing even a few sleeping pills with alcohol can easily lead to an overdose and is a frequent cause of accidental death. Never let anyone take any barbiturates or other downers if they've been drinking.

Other Sedatives

People can buy other kinds of depressants with a doctor's prescription or over-the-counter at their pharmacies that can be taken to help them sleep or to relieve tension.

Minor tranquilizers are the most prescribed drugs in the world—especially for adult women and older men who complain of anxiety or depression. They are not as dangerous as barbiturates, but all the general cautions about downers still hold. Tranquilizing drugs can create the feeling of needing the drug. People often take them too casually, too often, and too much. Young people show little caution when they take tranquilizers to get high. If you have a prescription for such drugs from your doctor, use them carefully and only as prescribed.

THE NARCOTICS

Narcotics are derived from opium or are synthesized, and they are addictive. Mainly used medically as pain killers, the narcotics depress the central nervous system and eventually make people physically and mentally dependent. Codeine and Demerol are common synthetic narcotics. The "opiates," a more powerful class of narcotics derived directly from the opium poppy, include opium, morphine, and heroin. Heroin, usually injected, creates a temporary high and is always addictive if used daily. Although the medical effects of the drug may be no more severe than those of the barbiturates, the great need for heroin often leads to personal desperation, crime, and intense suffering.

THE HALLUCINOGENS

Hallucinogens (also called psychedelics) are drugs which affect sensation, thinking, self-awareness, and emotion. Changes in time and space perception, delusions (false beliefs), and hallucinations (experiencing nonexisting sensations) may be mild or overwhelming, depending on dose and quality of the drug. Effects vary;

the same person may have different reactions on different occasions.

Many natural and synthetic hallucinogens are in use. LSD, a synthetic, is the most potent and best studied. Mescaline (from the peyote cactus), psilocybin (from the Mexican mushroom), morning glory seeds, DMT, DOM (STP), PMA, MDA, and others have somewhat similar effects.

Mescaline

Mescaline comes from the peyote cactus and has effects similar to LSD. The study of mescaline is difficult because many drugs sold as mescaline, psilocybin, or even LSD, contain amphetamines (stimulants), DOM (STP), phencyclidine (PCP), or other contaminants. Because LSD has been the most widely researched, can generally be viewed as a "typical" halucinogen, and is probably the most used of the hallucinogens, only LSD will be discussed in detail. (Detailed reports on many hallucinogens are available from the National Clearinghouse for Drug Abuse Information.)

LSD

Lysergic acid comes from a fungus (ergot) and was first converted to lysergic acid diethylamide (LSD) in 1938. It was not until 1943 that its psychoactive properties became known.

Effects of LDS vary greatly according to the dosage, the personality of the user, and the conditions under which the drug is used. Basically, it causes changes in sensation. Vision alters; users describe changes in depth perception and in the meaning of the perceived object. Illusions and hallucinations often occur. The sense of time and of self are altered. Sensations may seem to "cross over"—that is, music may be seen or color heard.

Physical reactions range from minor changes such as dilated pupils, a rise in temperature and heartbeat, or a slight increase in blood pressure, to tremors. The user's emotional response to LSD effects vary widely. High doses can alter the state of consciousness greatly.

PCP

One serious drug of abuse, phencyclidine (PCP), is a tranquilizer for animals. PCP ("hog" or "angel dust") produces a feeling of numbness in arms and legs, and hallucinations.

Sprinkled on tobacco or marijuana cigarettes or taken in capsules, PCP can create temporary psychosis very much like acute schizophrenia. It often leads to paranoia and has been linked with serious violence.

GLUE AND OTHER INHALANTS

Young children sometimes sniff glue and inhale other volatile chemicals—deodorant or hair spray, or even gasoline fumes—to get high. These materials are poisonous and very dangerous. Part of their intoxicating effect comes from cutting off oxygen to the brain or affecting the lungs. Chemicals in these substances, like the propellant in aerosol, can enter the blood and affect the brain. Overdoses of these chemicals can damage the liver, heart, kidney, brain, blood and central nervous system.

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State Drug Abuse Prevention Agencies

Alabama
Drug Abuse Program Section
Division of Alcoholism and
Drug Abuse
Department of Mental Health
145 Molton Street
Montgomery, Alabama 36104

Alaska
Office of Drug Abuse
Dept. of Health & Social Services
Pouch H-01D
Juneau, Alaska 99801

Arizona
Drug Abuse Programs
Division of Behavioral Health Services
Department of Health Services
2500 East Van Buren
Phoenix, Arizona 85008

Arkansas
Office of Drug and
Alcohol Abuse Prevention
Dept. of Social & Rehab. Services
1515 Building
1515 West 7th
Little Rock, Arkansas 72203

California
California Department of Health
Substance Abuse Division
Room 1592, 744 P Street
Sacramento, California 95814

Colorado
Alcohol & Drug Abuse Division
Department of Health
4210 East 11th Avenue
Denver, Colorado 80220

Connecticut
Connecticut Alcohol and Drug Council
Department of Mental Health
90 Washington Street
Hartford, Connecticut 06115

Delaware
Bureau of Substance Abuse
Governor Bacon Health Center
Cottage #8
Delaware City, Delaware 19706

Florida
Bureau of Drug Abuse Prevention
Division of Mental Health
Dept. of Health & Rehab. Services
1317 Winewood Blvd.
Tallahassee, Florida 32301

Georgia
Alcohol and Drug Abuse Section
Div. of Mental Health & Retardation
Department of Human Resources
618 Ponce De Leon Avenue, N.E.
Atlanta, Georgia 30308

Hawaii
Alcohol and Drug Abuse Branch
Department of Health
1270 Queen Emma Street, Room 404
Honolulu, Hawaii 96813

Idaho
Bureau of Substance Abuse
Division of Community Rehabilitation
Department of Health and Welfare
LBJ Building, Room 327
Boise, Idaho 83720

Illinois
Dangerous Drugs Commission
300 North State Street, 15th Floor
Chicago, Illinois 60610

Indiana
Division of Addiction Services
Department of Mental Health
5 Indiana Square
Indianapolis, Indiana 46204

Iowa
Iowa Drug Abuse Authority
615 East 14th Street
Des Moines, Iowa 50319

Kansas
Drug Abuse Unit
Dept. of Social and Rehab. Services
Biddle Bldg.
2700 W. 6th Street
Topeka, Kansas 66608

Louisiana
Bureau of Substance Abuse
Division of Hospitals
Louisiana Health and
Human Resource Administration
Weber Building, 7th Floor
Baton Rouge, Louisiana 70801

Maine
Office of Alcoholism and
Drug Abuse Prevention
Bureau of Rehabilitation
32 Winthrop Street
Augusta, Maine 04330

Maryland
Drug Abuse Administration
Dept. of Health & Mental Hygiene
Herbert O'Conor Office Building
201 W. Preston Street
Baltimore, Maryland 21201

Massachusetts
Division of Drug Rehabilitation
Department of Mental Health
190 Portland Street
Boston, Massachusetts 02114

Michigan
Office of Substance Abuse Services
3500 North Logan Street
P.O. Box 30035
Lansing, Michigan 48909

Minnesota
Drug and Alcohol Authority
Chemical Dependency Division
Dept. of Public Welfare
402 Metro Square Building
St. Paul, Minnesota 55101

Mississippi
Division of Drug Misuse
Department of Mental Health
1001 Lee State Office Building
Jackson, Mississippi 39201

Missouri
Division of Alcoholism & Drug Abuse
Department of Mental Health
2002 Missouri Blvd.
Jefferson City, Missouri 65101

Montana
Addictive Diseases Division
Department of Institutions
1539 11th Avenue
Helena, Montana 59601

Nebraska
Nebraska Commission on Drugs
P.O. Box 94726
State Capitol Building
Lincoln, Nebraska 68509

Nevada
Bureau of Alcohol & Drug Abuse
Rehabilitation Division
Department of Human Resources
505 East King Street
Carson City, Nevada 89710

New Hampshire
Office of Drug Abuse Prevention
3 Capital Street, Room 405
Concord, New Hampshire 03301

New Jersey
Division of Narcotic and
Drug Abuse Control
Department of Health
541 East State Street
Trenton, New Jersey 08609

New Mexico
Drug Abuse Agency
Department of Hospitals & Institutions
113 Washington
Santa Fe, New Mexico 87501

New York
Office of Drug Abuse Services
Executive Park South
Albany, New York 12203

North Carolina
North Carolina Drug Commission
Box 19324
Raleigh, North Carolina 27609

North Dakota
Division of Alcoholism and Drug Abuse
Department of Health
909 Basin Avenue
Bismarck, North Dakota 58505

Ohio
Ohio Bureau of Drug Abuse
Division of Mental Health
Department of Mental Health and
Mental Retardation
65 S. Front Street, Room 211
Columbus, Ohio 43215

Oklahoma
Division of Drug Abuse Services
Department of Mental Health
P.O. Box 53277, Capitol Station
Oklahoma City, Oklahoma 73105

Oregon
Programs for Alcohol and
Drug Problems
Mental Health Division
Department of Human Resources
2575 Bittern Street, N.E.
Salem, Oregon 97310

Pennsylvania
Governor's Council on Drug and
Alcohol Abuse
Riverside Office Center
Building #1, Suite N
2101 North Front Street
Harrisburg, Pennsylvania 17110

Rhode Island
Rhode Island Drug Abuse Program
Department of Mental Health and
Retardation and Hospitals
303 General Hospital
Rhode Island Medical Center
Cranston, Rhode Island 02920

South Carolina
South Carolina Commission on
Alcohol and Drug Abuse
3700 Forest Drive
P.O. Box 4616
Columbia, South Carolina 29240

South Dakota
Division of Drugs and Substance Control
Department of Health
Joe Foss Building
Pierre, South Dakota 57501

Tennessee
Alcohol and Drug Abuse Section
Department of Mental Health
501 Union Street, 4th Floor
Nashville, Tennessee 37219

Texas
Drug Abuse Division
Department of Community Affairs
Box 13166, Capitol Station
Austin, Texas 78711

Utah
Division of Alcoholism and Drugs
554 South 300 East
Salt Lake City, Utah 84111

Vermont
Alcohol and Drug Abuse Division
Department of Social & Rehab. Services
State Office Building
Montpelier, Vermont 05602

Virginia
Department of Mental Health/
Mental Retardation
Division of Substance Abuse Control
Commonwealth of Virginia
P.O. Box 1797
Richmond, Virginia 23214

Washington
Office of Drug Abuse Prevention
Community Services Division
DSHS, OB-43E
Olympia, Washington 98504

West Virginia
Division of Alcoholism and Drug Abuse
Department of Mental Health
1800 Washington Street, East
Charleston, West Virginia 25305

Wisconsin
Bureau of Alcohol & Other Drug Abuse
Division of Mental Hygiene
Department of Health and
Social Services
One West Wilson Street, Room 523
Madison, Wisconsin 53702

Wyoming
Drug Abuse Programs
State Office Building West
Cheyenne, Wyoming 82001